

09/643685

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	PAA	70385	
O.I.P.E. CLASSIFIER		9/3	
FORMALITY REVIEW	7/16/22	1/10/01/00	
RESPONSE FORMALITY REVIEW	7/16/22	1/21/9/00	

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	10/3/93
1	10/10/01
2	10/10/01
3	10/10/01
4	10/10/01
5	10/10/01
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7	10/10/01
8	10/10/01
9	10/10/01
10	10/10/01
11	10/10/01
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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